Superior Court of the State of Washington

For the County of King

FAMILY COURT SERVICES

516 THIRD AVE W-280 SEATTLE, WA 98104 (206) 477-1500

Date:	
	Family Court Services No.:
	Superior Court Cause No.: EBS Account No.:
RE:	Social Worker/Total hrs.:
NE.	
Dear Clien	Current Amount Due:
Deal Clien	it.
This letter	is in response to your request for a fee adjustment.
Please cor	mplete the enclosed Financial Statement and return it to our office immediately; along
with a pers	sonal letter stating your reason for requesting a fee adjustment.
You must	also include current income verification along with your personal letter and the
Financial S	Statement. You may use one of the following forms of income verification:
1.	Your last two pay stubs
2.	DSHS Award Letter
3.	Unemployment Benefits Notice
4.	Last year's W-2 Form (Tax returns are not acceptable.)
5.	Child Support Order
6.	Financial Declaration WPF DRPSCU 01.1550 (Original must be filed in your legal file.)
We canno	t process your request until all documents are completed and returned.
Sincerely,	

Taryn McCormack
FCS Case Coordinator
Family Court Services
Taryn.McCormack@kingcounty.gov
Enclosure

All information must be completed in order to process. Your request will not be considered if the information is not complete.

G:\FCS Forms Kent Seattle

LEE ADJOSTMENT				U		
Name:		Hon	ne Phone:			
Address:		Work Phone:				
City:	State: Zip:		Message:			
Employer:						
Employer Address:						
Full Time: Pa	rt Time: Numb	per of hours work	er of hours worked per week:			
Gross pay per month	n: \$	Net pay p	er month: \$			
If unemployed:		A. Date of last employment:				
C. If termination, reas	son:					
The following peop	le live with me: (adults an	d minors)				
		_	Monthly Income:			
B. Name:		Age:	Monthly Income:			
C. Name:			Monthly Income:			
		Age:	Monthly Income:			
E. Name:	—	Age:	Monthly Income:			
PERSONAL LETTE	R	Y	ou may attach a separate letter	·.		

Why are you requesting for an adjustment of your fee?

FINANCIAL STATEMENT				FCS No.:			
FINANCIAL STA	IEWENI						
My monthly expenses are:				I owe the following debt(s):			
Rent/Mortgage: <u>\$</u>			Creditor:				
Food:	· · · · · · · · · · · · · · · · · · ·			Mo. Pymt.: \$	В	alance:	\$
Utilities:	\$			Creditor:			
Car(s):	\$ \$ \$ \$ \$ \$ \$ \$ \$			Mo. Pymt.: <u>\$</u>	В	alance:	\$
Gas:	\$			Creditor:			
Medical/Dental:	\$			Mo. Pymt.: <u>\$</u>	В	alance:	\$
Day Care:	\$			Creditor:			
Phone/Cell:	\$			Mo. Pymt.: <u>\$</u>	В	alance:	\$
Tuition:	\$			Creditor:			
Insurance:	\$			Mo. Pymt.: <u>\$</u>	B	alance:	\$
Other (explain):	\$			Creditor:			
	\$			Mo. Pymt.: <u>\$</u>	В	alance:	\$
Total Montly Ex	penses:	\$		Total Montly	Debts:	\$	
My assets and e	equity va	lues are:					
Home:	equity ta	\$					
Checking Accour	nt(s):	\$		-			
Saving Account(s		\$		-			
Automobile (indic	•		for each):	-			
•			•		Value:	\$	
Malea					Value:		
			Year:		Value:		
Cash on hand:		\$				•	
Retirement:		\$		•			
401K:		\$ \$ \$		-			
Other (itemize):				• \$			
,				\$		-	
						_	
Total Assets an	d Equity	Values:	\$				